

Fill in this information to identify your case:

Debtor 1 John M. Shollenberger

Debtor 2  
(Spouse, if filing)

United States Bankruptcy Court for the: EASTERN DISTRICT OF PENNSYLVANIA

Case number 15-16956  
(If known)

Check if this is:

- ☒ An amended filing  
☐ A supplement showing post-petition chapter 13 income as of the following date:

MM / DD / YYYY

## Official Form B 61

### Schedule I: Your Income

12/13

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Employment

##### 1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

##### Employment status

##### Occupation

##### Employer's name

##### Employer's address

##### How long employed there?

##### Debtor 1

- ☒ Employed  
☐ Not employed

South Atlantinc Packaging

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

##### Debtor 2 or non-filing spouse

- ☒ Employed  
☐ Not employed

Keith L. Good Physical Therapy

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Medical Billing Manager

#### Part 2: Give Details About Monthly Income

**Estimate monthly income as of the date you file this form.** If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
2. <b>List monthly gross wages, salary, and commissions</b> (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	2. \$ <u>4,750.01</u>	\$ <u>3,466.67</u>
3. <b>Estimate and list monthly overtime pay.</b>	3. +\$ <u>0.00</u>	+\$ <u>0.00</u>
4. <b>Calculate gross income.</b> Add line 2 + line 3.	4. \$ <u>4,750.01</u>	\$ <u>3,466.67</u>

Debtor 1 **John M. Shollenberger**

Case number (if known) **15-16956**

	For Debtor 1	For Debtor 2 or non-filing spouse
Copy line 4 here	4. \$ <b>4,750.01</b>	\$ <b>3,466.67</b>
<b>5. List all payroll deductions:</b>		
5a. Tax, Medicare, and Social Security deductions	5a. \$ <b>635.87</b>	\$ <b>609.83</b>
5b. Mandatory contributions for retirement plans	5b. \$ <b>0.00</b>	\$ <b>0.00</b>
5c. Voluntary contributions for retirement plans	5c. \$ <b>0.00</b>	\$ <b>0.00</b>
5d. Required repayments of retirement fund loans	5d. \$ <b>0.00</b>	\$ <b>0.00</b>
5e. Insurance	5e. \$ <b>0.00</b>	\$ <b>0.00</b>
5f. Domestic support obligations	5f. \$ <b>0.00</b>	\$ <b>0.00</b>
5g. Union dues	5g. \$ <b>0.00</b>	\$ <b>0.00</b>
5h. Other deductions. Specify: <u>Life Insurance</u>	5h.+ \$ <b>50.27</b>	+ \$ <b>0.00</b>
<u>Dental Insurance</u>	\$ <b>128.87</b>	\$ <b>0.00</b>
<u>Medical Insurance</u>	\$ <b>169.24</b>	\$ <b>0.00</b>
6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6. \$ <b>984.25</b>	\$ <b>609.83</b>
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7. \$ <b>3,765.76</b>	\$ <b>2,856.84</b>
<b>8. List all other income regularly received:</b>		
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$ <b>0.00</b>	\$ <b>0.00</b>
8b. Interest and dividends	8b. \$ <b>0.00</b>	\$ <b>0.00</b>
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$ <b>0.00</b>	\$ <b>0.00</b>
8d. Unemployment compensation	8d. \$ <b>0.00</b>	\$ <b>0.00</b>
8e. Social Security	8e. \$ <b>0.00</b>	\$ <b>0.00</b>
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f. \$ <b>0.00</b>	\$ <b>0.00</b>
8g. Pension or retirement income	8g. \$ <b>0.00</b>	\$ <b>0.00</b>
8h. Other monthly income. Specify: <u>Contribution from nonfiling spouse's mother</u>	8h.+ \$ <b>500.00</b>	+ \$ <b>0.00</b>
<u>Bonus income from employer</u>	\$ <b>300.00</b>	\$ <b>0.00</b>
9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9. \$ <b>800.00</b>	\$ <b>0.00</b>
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$ <b>4,565.76</b>	+ \$ <b>2,856.84</b> = \$ <b>7,422.60</b>
11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify:	11. +\$ <b>0.00</b>	
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies	12. \$ <b>7,422.60</b>	<b>Combined monthly income</b>
13. Do you expect an increase or decrease within the year after you file this form? <input type="checkbox"/> No. <input checked="" type="checkbox"/> Yes. Explain: <u>The Debtor's spouse is actively looking for employment.</u>		

Fill in this information to identify your case:

Debtor 1 John M. Shollenberger

Debtor 2 \_\_\_\_\_  
(Spouse, if filing)

United States Bankruptcy Court for the: EASTERN DISTRICT OF PENNSYLVANIA

Case number 15-16956  
(If known)

Check if this is:

- ☒ An amended filing
- ☐ A supplement showing post-petition chapter 13 expenses as of the following date: \_\_\_\_\_  
MM / DD / YYYY
- ☐ A separate filing for Debtor 2 because Debtor 2 maintains a separate household

## Official Form B 6J

### Schedule J: Your Expenses

12/13

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Your Household

1. Is this a joint case?

- ☒ No. Go to line 2.
- ☐ Yes. Does Debtor 2 live in a separate household?
- ☐ No
- ☐ Yes. Debtor 2 must file a separate Schedule J.

2. Do you have dependents? ☐ No

Do not list Debtor 1 and Debtor 2.

☒ Yes. Fill out this information for each dependent.....

Do not state the dependents' names.

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

Daughter

20

- ☐ No
- ☒ Yes
- ☐ No
- ☐ Yes
- ☐ No
- ☐ Yes
- ☐ No
- ☐ Yes

3. Do your expenses include expenses of people other than yourself and your dependents? ☐ No ☐ Yes

#### Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 6I.)

Your expenses

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$ 2,222.64

If not included in line 4:

- 4a. Real estate taxes
- 4b. Property, homeowner's, or renter's insurance
- 4c. Home maintenance, repair, and upkeep expenses
- 4d. Homeowner's association or condominium dues
5. Additional mortgage payments for your residence, such as home equity loans

4a. \$ 0.00

4b. \$ 0.00

4c. \$ 0.00

4d. \$ 0.00

5. \$ 0.00

Debtor 1 **John M. Shollenberger**

Case number (if known) **15-16956**

6. <b>Utilities:</b>		
6a. Electricity, heat, natural gas	6a. \$	<b>295.00</b>
6b. Water, sewer, garbage collection	6b. \$	<b>180.00</b>
6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$	<b>468.58</b>
6d. Other. Specify: _____	6d. \$	<b>0.00</b>
7. <b>Food and housekeeping supplies</b>	7. \$	<b>625.00</b>
8. <b>Childcare and children's education costs</b>	8. \$	<b>0.00</b>
9. <b>Clothing, laundry, and dry cleaning</b>	9. \$	<b>100.00</b>
10. <b>Personal care products and services</b>	10. \$	<b>75.00</b>
11. <b>Medical and dental expenses</b>	11. \$	<b>223.52</b>
12. <b>Transportation.</b> Include gas, maintenance, bus or train fare. Do not include car payments.	12. \$	<b>120.00</b>
13. <b>Entertainment, clubs, recreation, newspapers, magazines, and books</b>	13. \$	<b>100.00</b>
14. <b>Charitable contributions and religious donations</b>	14. \$	<b>0.00</b>
15. <b>Insurance.</b> Do not include insurance deducted from your pay or included in lines 4 or 20.		
15a. Life insurance	15a. \$	<b>51.21</b>
15b. Health insurance	15b. \$	<b>120.80</b>
15c. Vehicle insurance	15c. \$	<b>483.00</b>
15d. Other insurance. Specify: _____	15d. \$	<b>0.00</b>
16. <b>Taxes.</b> Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____	16. \$	<b>0.00</b>
17. <b>Installment or lease payments:</b>		
17a. Car payments for Vehicle 1	17a. \$	<b>682.92</b>
17b. Car payments for Vehicle 2	17b. \$	<b>0.00</b>
17c. Other. Specify: <b>Progressive/Mattress Firm</b>	17c. \$	<b>128.64</b>
17d. Other. Specify: _____	17d. \$	<b>0.00</b>
18. <b>Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 6I).</b>	18. \$	<b>0.00</b>
19. <b>Other payments you make to support others who do not live with you.</b> Specify: _____	\$	<b>0.00</b>
20. <b>Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.</b>		
20a. Mortgages on other property	20a. \$	<b>0.00</b>
20b. Real estate taxes	20b. \$	<b>0.00</b>
20c. Property, homeowner's, or renter's insurance	20c. \$	<b>0.00</b>
20d. Maintenance, repair, and upkeep expenses	20d. \$	<b>0.00</b>
20e. Homeowner's association or condominium dues	20e. \$	<b>0.00</b>
21. <b>Other:</b> Specify: <b>Nonfiling Spouse Support for daughter</b>	21. +\$	<b>607.00</b>
<b>Nonfiling Spouse Credit Card Debt</b>	+\$	<b>112.00</b>
<b>Nonfiling Spouse One Main Financial</b>	+\$	<b>84.42</b>
<b>Nonfiling Spouse Student Loan Payments</b>	+\$	<b>633.00</b>
<b>Pet Expenses (2 dogs; 3 cats)</b>	+\$	<b>100.00</b>
22. <b>Your monthly expenses.</b> Add lines 4 through 21. The result is your monthly expenses.	22. \$	<b>7,412.73</b>
23. <b>Calculate your monthly net income.</b>		
23a. Copy line 12 ( <i>your combined monthly income</i> ) from Schedule I.	23a. \$	<b>7,422.60</b>
23b. Copy your monthly expenses from line 22 above.	23b. -\$	<b>7,412.73</b>
23c. Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> .	23c. \$	<b>9.87</b>
24. <b>Do you expect an increase or decrease in your expenses within the year after you file this form?</b> For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage? <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes. Explain: _____		

B8 (Form 8) (12/08)

**United States Bankruptcy Court  
Eastern District of Pennsylvania**

In re **John M. Shollenberger**

Debtor(s)

Case No. **15-16956**

Chapter **7**

**CHAPTER 7 INDIVIDUAL DEBTOR'S STATEMENT OF INTENTION - AMENDED**

**PART A** - Debts secured by property of the estate. (Part A must be fully completed for **EACH** debt which is secured by property of the estate. Attach additional pages if necessary.)

Property No. 1	
<b>Creditor's Name:</b> <b>CHASE</b>	<b>Describe Property Securing Debt:</b> <b>2014 Dodge Caravan/39,880 miles</b> <b>The scheduled value of the vehicle is based on kbb.com,</b> <b>private party value, good condition</b>
Property will be (check one): <input checked="" type="checkbox"/> Surrendered <input type="checkbox"/> Retained	
If retaining the property, I intend to (check at least one): <input type="checkbox"/> Redeem the property <input type="checkbox"/> Reaffirm the debt <input type="checkbox"/> Other. Explain _____ (for example, avoid lien using 11 U.S.C. § 522(f)).	
Property is (check one): <input checked="" type="checkbox"/> Claimed as Exempt <input type="checkbox"/> Not claimed as exempt	
Property No. 2	
<b>Creditor's Name:</b> <b>Exeter Finance Corp.</b>	<b>Describe Property Securing Debt:</b> <b>2014 Chevy Spark</b> <b>The scheduled value of the vehicle is based on kbb.com,</b> <b>private party value, good condition</b>
Property will be (check one): <input checked="" type="checkbox"/> Surrendered <input type="checkbox"/> Retained	
If retaining the property, I intend to (check at least one): <input type="checkbox"/> Redeem the property <input type="checkbox"/> Reaffirm the debt <input type="checkbox"/> Other. Explain _____ (for example, avoid lien using 11 U.S.C. § 522(f)).	
Property is (check one): <input checked="" type="checkbox"/> Claimed as Exempt <input type="checkbox"/> Not claimed as exempt	

B8 (Form 8) (12/08)

Page 2

Property No. 3	
<b>Creditor's Name:</b> Ocwen Loan Servicing	<b>Describe Property Securing Debt:</b> Residential Real Estate: 4620 Dunham Dr., Reading, PA 19606 The property was purchased in May, 2005 for \$253,485. Zillow.com gives a value of \$277,007.
Property will be (check one): <input type="checkbox"/> Surrendered <input checked="" type="checkbox"/> Retained	
If retaining the property, I intend to (check at least one): <input type="checkbox"/> Redeem the property <input type="checkbox"/> Reaffirm the debt <input checked="" type="checkbox"/> Other. Explain <u>Debtor intends to keep the residence and continue making mortgage payments</u> (for example, avoid lien using 11 U.S.C. § 522(f)).	
Property is (check one): <input checked="" type="checkbox"/> Claimed as Exempt <input type="checkbox"/> Not claimed as exempt	

**PART B** - Personal property subject to unexpired leases. (All three columns of Part B must be completed for each unexpired lease. Attach additional pages if necessary.)

Property No. 1		
<b>Lessor's Name:</b> -NONE-	<b>Describe Leased Property:</b>	Lease will be Assumed pursuant to 11 U.S.C. § 365(p)(2): <input type="checkbox"/> YES <input type="checkbox"/> NO

**I declare under penalty of perjury that the above indicates my intention as to any property of my estate securing a debt and/or personal property subject to an unexpired lease.**

Date September 13, 2018

Signature /s/ John M. Shollenberger  
**John M. Shollenberger**  
Debtor

United States Bankruptcy Court  
Eastern District of Pennsylvania

In re John M. Shollenberger

Debtor(s)

Case No. 15-16956

Chapter 7

**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S) - AMENDED**

1. Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 2016(b), I certify that I am the attorney for the above-named debtor and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept .....	\$	<u>781.00</u>
Prior to the filing of this statement I have received .....	\$	<u>781.00</u>
Balance Due .....	\$	<u>0.00</u>

2. The source of the compensation paid to me was:

☒ Debtor ☐ Other (specify):

3. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify):

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d. [Other provisions as needed]

**Negotiations with secured creditors to reduce to market value; exemption planning; preparation and filing of reaffirmation agreements and applications as needed; preparation and filing of motions pursuant to 11 USC 522(f)(2)(A) for avoidance of liens on household goods.**

6. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

**Representation of the debtors in any dischargeability actions, judicial lien avoidances, relief from stay actions or any other adversary proceeding.**

**CERTIFICATION**

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

Dated: September 13, 2018

/s/ George M. Lutz, Esquire  
George M. Lutz, Esquire 46437  
Hartman, Valeriano, Magovern & Lutz, P.C.  
1100 Berkshire Blvd  
Suite 301  
Wyomissing, PA 19610  
610-779-0772 Ext. 3014 Fax: 610-779-7473  
glutz@hvmlaw.com